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MARYLAND
MEDICAL JOURNAL.

VOL. I. BALTIMORE, JULY, 1877. NO. 3.

ORIGINAL PAPERS.

DEFORMITY OF THE HIP, IN THE THIRD STAGE OF MORBUS COXARIUS.

BY L. MCLANE TIFFANY, M. D., PROFESSOR OF OPERATIVE SURGERY, UNIVERSITY OF MARYLAND.

The shortening which accompanies the third stage of Coxalgia was for many years attributed exclusively to dislocation of the head of the femur on the dorsum ilii, in consequence of erosion of the acetabulum and traction of muscles passing from the pelvis to the thigh bone.

The tendency of the present day is to deny dislocation and to find in erosion sufficient explanation for the various degrees of shortening and deformity which characterise advanced Morbus Coxarius.

It is probable that in regard to this question extended pathological research will show that a middle course is more accurate than either extreme, and that while osteal change in the joint surfaces will account for the actual shortening in many cases, yet in certain others, displacement of the head of the femur outside the capsular ligament will be found. Three cases of Morbus Coxarius have lately fallen under my observation, in two of which ante, as well as post, mortem notes were made; to these I would add a case in which dislocation occurred while under treatment, and propose in the following pages to compare the appearances observed.

Of the four cases, three were adult negroes, and one a white child, aged 12 years:

Case I—A. M., negro, male, aged 35, when two-and-half years, old suffered from hip disease, had running sores on the thigh, was not treated by a doctor so far as he knows. The sores after a while healed, he became strong and has been able to earn a living by manual labor, chopping wood, etc., ever since.

He is a very strong muscular man. The left hip is flattened and firmly anchylosed. Seventeen cicatrices, deeply depressed, exist on the left buttock and upper part of the thigh; the six largest are found upon the inner and anterior aspect of the thigh, corresponding to the inner margin of Scarpa's triangle; one large scar is immediately behind the great trochanter.

The left lower extremity is by measurement 2½ inches shorter than the right; the shortening is entirely in the thigh. The great trochanter, left side, appears to rest in contact with the pelvis. The left foot is directed straight forwards.

A. M. who suffered from mitral and aortic disease died and I obtained a post mortem examination.

A cast of the hip was taken and preserved, showing scars. The soft parts about the hip were changed into a mass of cicatricial tissue, no muscle or tendon being distinguishable. The femur was immovable upon the pelvis.

Section was made with a saw, one half dried, in position, the other mascerated and cleaned.

The acetabulum was filled with scar tissue, enlarged, rough, eroded, with a perforation into the pelvis. A little chalky matter was found at one place and near by a few drops of thick pus.

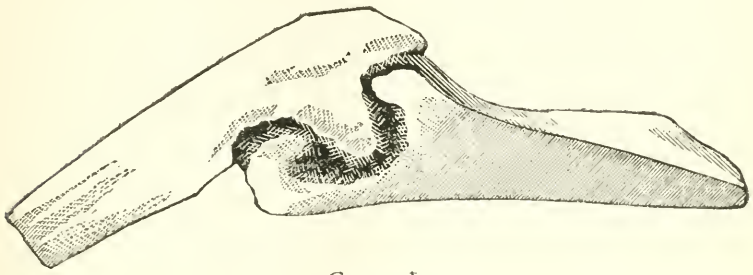
The acetabulum was undercut in the iliac portion, by attrition against the head of the femur when it existed, leaving the rim projecting.

The head of the femur had disappeared. The neck, rough, short and conical, at right angles to the shaft of the femur, was tightly held in the acetabulum by fibroid tissue. It did not touch the pelvis at any point although the upper border was almost in contact with the upper rim of the acetabulum; immediately below the neck, the femur was somewhat excavated and into this excavation the lower rim of the acetabulum, projected.

The tip of the great trochanter rose three fourths (¾) of an inch above the acetabulum.

The course of former sinuses in the thigh were marked by fibroid tissue.

The weight of the body had been supported upon the upper surface of the neck of the femur at its junction with the trochanter, this being the point in relation with the pelvis as already stated.



CASE I.

CASE II.—A. B., negress, aged 44 years, came under my care suffering from Morbus Coxarius, right side; and died apparently from exhaustion a few days later.

The disease was of long standing—how long not known.

There existed the opening of a large sinus behind the great trochanter, and also one about three inches below the pelvis, at the inner margin of Scarpa's triangle, both discharging freely. Post mortem examination showed the acetabulum to be enlarged and roughened with a perforation at the bottom, one inch and a quarter in diameter. The iliac portion of the acetabulum was deeply excavated, undercut with overhanging edges; in this excavation was the head of the femur, the rim of the acetabulum resting upon the neck at its junction with the great trochanter. The head of the femur, eroded and small, corresponded in shape with the acetabular depression already mentioned. The anterior and outer portions of the capsular ligament were in good preservation, the rest, ragged and full of holes could not be said to exist. Shortening existed to the extent of two (2) inches. The

femur was movable upon the pelvis, the joint was but a reservoir for pus, the great trochanter projected half an inch above the rim of the acetabulum in the direction of the great sciatic notch. The limb was flexed upon the pelvis, and strongly adducted, the toe pointing however but slightly inwards.

In both the foregoing cases the shortening was absolute, 2½ and 2 inches respectively; in both, the head and neck of the femur, or what remained of them, occupied the acetabulum within the capsular ligament. The cause of shortening must be sought for in the bones entering into the formation of the joint, since dislocation has not occurred

The most striking changes are the relative positions of the neck and rim of the acetabulum, these two resting in contact, or nearly so, the weight of the body resting upon the base of the neck where it joins the great trochanter. As a result of this rising of the femur the great trochanter projects nearly an inch above the acetabular rim; owing also to the flexion and adduction present always in the third stage of Morbus Coxarius the projection of the trochanter is most pronounced in the direction of the upper border of the great sciatic foramen.

This change can only take place subsequent to erosion of the iliac portion of the acetabulum, the undercutting found in both specimens recorded.

The lower portion of the capsular ligament might be supposed to offer decided resistance to the gradual rising of the femur, but this is the part of the capsule which first gives way when suppuration occurs within the joint.

If an adult femur be deprived of the head and portion of neck so that the base of the neck shall rest against the upper rim of the acetabulum, it will be found that the distance between the condyles and the anterior superior spinous process of the ilium is lessened by an inch and a half more or less, varying with the obliquity of the neck on the shaft.

The erosion of the rim of the acetabulum will also of constitute an additional element of shortening. The change direction of neck in case No. 1, is to be accounted for by the early age at which A. M., suffered from Morbus Coxarius; at that time not

only the union between the neck and shaft being cartilaginous but also a large portion of the neck itself. The spasmodic contraction of the muscles passing over the hip joint would exercise sufficient force to distort a young neck resting in a depôt of suppuration.

The contact which takes place between the base of the neck and rim of the acetabulum, offers a possible explanation of the well-known fact that pain in the diseased hip may diminish suddenly to a great extent, and on examination the great trochanter is found to be removed upwards and backwards from its usual porsition, the so-called dislocation; whereas the true explanation would seem to be that the pressure is transferred from the large eroded head and acetabulum to the comparatively healthy base of neck and acetabular rim.

In those cases where the head of the femur within the capsular ligament, or its remains, occupies the acetabulum, the inversion of the foot is never so marked as in true dislocation upon the dorsum; this peculiarity is to be explained by two circumstances; 1st that the femoral attachment of the ilio-femoral ligament, (Y of Bigelow,) is not so far removed from its pelvic connection as in dislocation; 2nd, by the rise of the femur the external rotators, obturator internus and gimelli, are put upon the stretch and tend to evert the foot to some extent.

It would seem as though the erosion of the bottom of the acetabulum, leaving the rim projecting, undercutting, tends mechanically to lock the femur in position and prevent dislocation.

The following specimen of dislocation is without history of symptoms during life. The appearances were of such a character as to leave no doubt in the mind of the observer as to the true pathology.

Case III.—The body was that of an adult male, negro, middle aged.

There existed several sinuses about the right hip, the largest opening through the skin behind and below the great trochanter.

Signs of dislocation on the dorsum present, shortening, adduction of limb, inversion of toes marked. Dissection showed

acetabulum filled with pus, somewhat eroded in the iliac portion, not undercut but shelving.

The head of the femur, but slightly diseased, rested on the dorsum ilii 2 inches from the edge of the acetabulum.

The ilio femoral ligament existed (Y of Bigelow); fragments of the rest of the capsular ligament were found but not as a continuous structure.

Case IV.—E. F., female, white, aged 11 years (1873). History of Morbus Coxarius dates back one year. The affected (right) limb was adducted, and shortened, the thigh flexed on pelvis. Treatment: Extension by weight and pulley in direction of deformity, gradually changed so as to bring limb parallel with healthy one. In six weeks this was effected, patient comfortable, suffering no pain.

Two days before a steel apparatus was to be applied, that the patient might move about on crutches, she made a violent effort to catch her brother, aged 2 years, who was playing on the bed with her; her leg "jumped up in the air" and she fell back with a loud scream.

I saw the patient two days later. The limb was shortened to the extent of two inches, knee adducted, foot inverted, trochanter prominent—briefly, a dislocation on the dorsum ilii had taken place when she made the attempt to catch the baby.

In case No. III, the beveling of the upper and outer aspect of the acetabulum offers adequate explanation for the escape of the femur from its socket, while the small amount of disease existing in the head, would point to the pelvis as the initial as well as the principal site of trouble, dislocation occurring before undercutting took place.

In case No. IV the dislocation was clearly traumatic; the violent wrench exerted upon the joint in attempting to catch the baby, the limb being extended by a weight, was more than the softened capsular ligament could withstand and the head of the femur escaped from its socket. The points of difference noted between dislocation, actual and simulated, occurring during the course of Morbus Coxarius, were in number two. 1st, inversion of foot; greater in true dislocation for reasons already stated. 2nd,

position of trochanter. In simulated dislocation the trochanter, while rising, approaches the pelvis; owing to erosion of bone it is never so distant, from the anterior superior spinous process of the ilium, as in true dislocation where the neck is intact.

In cases I and II it was possible by flexing the healthy thigh on the pelvis and everting the foot, to bring the tip of the trochanter the same distance from the anterior superior spinous process as on the diseased side of the body.

In cases III and IV, where actual dislocation existed, I was not able in any way to obtain equal measurements between the anterior superior spinous and the trochanters on both sides of the body. While therefore it is impossible to lay down a rule from such insufficient data as four cases, I incline to the belief that the two signs noted above may be of use in determining the position of the femoral head in advanced Morbus Coxarius.

THE RELATION OF CERTAIN ABNORMAL HEART-SOUNDS TO URÆMIA AND BRIGHT'S DISEASE.

BY JOHN S. LYNCH, M. D., PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE, AND CLINICAL MEDICINE, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.

[*Read before the Clinical Society, of Baltimore, May 11th*, 1877.]

MR. PRESIDENT :—

Three years ago, last winter, a man applied to me for relief, who presented among others the following symptoms: Skin pale and rather waxy; lower extremities slightly œdematous; pulse irregular; respiration somewhat accelerated and amounting to dyspnœa upon active exertion and a slight teasing cough. Auscultation revealed a slight systolic murmur; first sound of heart prolonged and muffled, and second sound short, loud and strongly accentuated. Slight bronchial rales over root of lungs, and trachea. Considering it at the time, a typical case of valvular insufficiency, I prescribed digitalis in pretty free doses and requested him to attend my clinic three days afterwards, intending to give

the students of the College of Physicians and Surgeons an opportunity to listen to what I believed to be a mitral regurgitant murmur.

The man came at the appointed time, but much to my surprise (and greatly to my chagrin), the murmur had entirely disappeared; the muffled first sound and strongly accentuated flap of the semilunars alone remaining. Further investigation revealed that the man had Bright's disease of the kidney; but that except the hypertrophy of the left ventricle so constantly met with in connection with the disease, the heart was otherwise intact. Of course I was aware that more than twenty years ago Traube had called attention to the constancy of this cardiac complication and had offered an explanation of it, which was not however generally accepted by the more thoughtful and phylosophical members of the profession, but no one had alluded to the muffled first, and strongly accentuated second sound of the heart, as a usual symptom of Bright's disease, or offered any explanation of it. During the last three years I have sought every opportunity to investigate this point, and have almost invariably found these peculiarities of the heart sounds present at one stage or another of Bright's disease; and as this knowledge quite recently prevented me from repeating my own blunder—a blunder which in this same case had been repeated by three of the most eminent physicians of the city—I have thought that I could not more acceptably discharge the duty imposed on me to night, than by calling attention to this symptom of disease of the kidneys and trying to offer some explanation of it.

On studying the literature of Bright's disease, and more especially of its patho-histology, I find that as long ago as 1852 Dr. George Johnson of England, had stated that the minute renal arteries are much thickened in Bright's disease, owing to hypertrophy of their muscular coats; and supposed that this hypertrophy was due to the increased exertion required to drive the blood through the obstructed capillaries. Fifteen years afterwards, however, in a lecture delivered before the Royal Medical and Chirurgical Society, he was compelled to retract this explanation since it had been proved that the smaller arteries possessed no

propelling force, but merely regulated the supply of blood by a mode of action similar to a stopcock. And his later explanation of the arterial hypertrophy was that the office of the muscular coat of the arterioles was to regulate the supply of blood to a part; and that as in Bright's disease the destruction of the secretory cells of the kidney goes on, there is a continually diminishing demand for blood in these glands. Accordingly the renal arteries contract, in order to keep up the balance between the supply of blood and the decreased secretory activity of the kidneys; and a continuance of this excessive activity of the muscular coat of the smaller arteries, in opposition to the activity of the heart, would be followed by a hypertrophy of their muscular elements.

But this muscular hypertrophy of the arterial coats is not confined to the arteries of the kidney alone, but it has been demonstrated in the brain, pia mater, and intestines and probably exists in other arteries; and it is this general arterial hypertrophy, by increasing resistance to the onward flow of blood, that induces hypertrophy of the left ventricle of the heart, and not, as Traube supposed, the local resistance met with in the kidneys which would be too inconsiderable to produce this result. The way in which this general hypertrophy is produced, he maintained, was that the irritation of the peripheral extremities of the vaso-motor nerves, excited by the presence of a foreign substance, as urea for instance, in the blood caused a super activity of the muscular coats of the arterioles which ultimately led, as in every other case of excessive functional activity of a muscle, to its hypertrophy.

Dr. Johnson's views, then, of the pathology of Bright's disease, briefly stated, would be:

1st.—That the renal degeneration commences in the *glandular structure* and not in the vascular apparatus; that the glandular degeneration, by lessening the demand for blood, results primarily in a contraction of the muscular coat of the arterioles of the kidney which by its continuance leads to hypertrophy of that coat; and

2nd.—That the uræmic condition of the blood resulting from the renal degeneration, causes by reflex excitation, a contraction

of the muscular coats of all the arterioles which in like manner eventuates in *their* hypertrophy.

These views remained undisputed until the year 1872 when Drs. Gull and Sutton laid before the same society a paper, in which they state that the visible morbid changes in granular contracted kidneys are due to the primary formation of a hyaline fibroid substance in the intertubular parts including the vessels, and to atrophy of the tubular and intratubular structures of the kidneys. They believed that there is a diseased state characterized by a hyaline fibroid formation in the arterioles and capillaries, which is attended with atrophy of the adjacent tissues; and while it is probable that this change commonly begins in the kidneys, there is evidence of its beginning primarily in other organs. They further believed that the contraction and atrophy of the kidney are but part and parcel of the morbid change, since the kidney may be but little if at all affected, whilst the morbid change is far advanced in other organs etc. *

A very interesting discussion followed, during which Dr. Johnson reiterated and defended his former opinions and views, and with whom nearly all who spoke coincided; the more especially since Dr. J. laid before the society his specimens, which had been declared to be examples of hypertrophy by many men, including such able anatomists and physiologists as Dr. Sharpey, Dr. Carpenter, Sir James Paget and Dr. Rutherford. Subsequently Dr. J. made numerous examinations for the purpose of comparing the appearance of bloodvessels treated with no re-agent, and others which had been immersed in glycerine and camphor water as Drs. Gull and Sutton had previously done. The results of these examinations were published in the Medico-Chirurgical transactions for 1873; and he clearly proved, I think, that the so-called hyaline fibroid formation of Gull and Sutton, was merely an appearance produced by imbibition of glycerine which caused a transparent swelling of the tunica adventitia. He also ably defends his former statements, and here I believe the discussion has rested, and his conclusions have been generally

*(See London Lancet, November 1872, page 596.)

accepted. But whether Dr. Johnson's or Drs. Gull and Sutton's views are the correct ones in the premises, is immaterial to my present purpose, since the explanation which I propose for the altered heart sounds I have mentioned is equally intelligible, whichever theory or hypothesis we accept. For whether the diminished calibre and increased resistance to the outflow of blood by the arterioles be caused by hypertrophy of their muscular coats, or fibroid degeneration, the result would be the same; and I have only presented this historical review of the subject to show, that in Bright's disease there certainly does exist an alteration either functional or structural, in the lesser arteries which rationally accounts both for the hypertrophy of the left ventricle and the alterations of the cardiac sounds I have described. I will merely remark that the views of Dr. J. seem to me to be the more rational, and for the present, at least, seem to be more firmly supported by both fact and argument.

If Dr. Johnson's explanation of the mode in which this arterial hypertrophy is caused be correct, we can readily understand how the modifications of the heart sounds I have mentioned are produced either in acute uræmia, or chronic renal degeneration; and we can also perceive that the presence of these modifications assume a very great diagnostic value in doubtful cases. Thus, the temporary contraction of the arterioles from a suddenly occurring uræmia, or their constant contraction from hypertrophy caused by a persistent one, would by preventing the free exit of blood induce a continued and extreme state of distention in the aorta and larger arteries which possess no power of contraction except that derived from their abundant elastic coats. The retrograde movement of the blood therefore at the end of each systole, would be much in increased by this high tension, and the semilunar valves would close with a corresponding force, and hence the loud and sharply accentuated second sound.

How the first sound is modified by this condition is not so easily explained, unless we are prepared to admit that this sound is not *all* due to the sudden closure of the auriculo-ventricular valves, plus the impact of the heart against the thoracic wall. I am strongly of the opinion that a portion of the first sound is due

to the vibration of the walls of the aorta, produced by the sudden outrush of blood during the systole. My reasons for this opinion are partly negative and partly affirmative.

First, if the sound were solely due to the closure of the mitral and tricuspid, it should not be more prolonged than the second sound. But in fact it is double the length of the second sound and in some cases is prolonged through the whole period of systole, with scarcely an appreciable interval of pause between it and the second sound. The first sound also has a peculiarity which is usually described as *booming** and which has generally been ascribed to the impulse of the apex against the chest wall. But when we listen to this sound when the heart is excited to forcible action either in health or disease, when this impaction element of the sound can be most clearly appreciated, we find that it possesses an entirely different character from that booming or reverberating sound under discussion. It is now a clinking, ringing sound, in fact a tinnitus. Again: If the first sound were only produced by the closure of the valves and cardiac impulse, this ought not to be heard at any considerable distance along the course of the aorta. We ought only to hear the second sound in this direction. But we know that the first sound can be heard a long distance from the heart, and in fact any where over a large artery, as the carotids, the abdominal aorta, the iliacs and even, under favorable circumstances, over the femorals. The sounds are somewhat modified in character, diminished in intensity, and the sharper valvular element of the first sound almost entirely lost in these situations, but we still have the same difference in *duration*, and in *pitch* and *tone*, that we hear over the heart itself. That the walls of a hollow tube, even of solid metal, are thrown into vibration by the forcible propulsion of fluid through it, is palpable enough both to the ear and hand of any one who has tried the experiment. Nor is it necessary to the success of the demonstration that the examination should be made at a point near the force pump, for it is quite plain even hundreds of feet from it. It is quite evident then that the walls of the aorta are

*Flint: Manual of Percussion and Auscultation, page, 196.

also thrown into active vibration at every systole of the ventricle; and it is surely highly probable that both the prolongation of the first sound of the heart, as well as its difference in pitch, is due to this cause. If this is true, of course it follows that both the pitch and intensity of the sound produced will be modified by the state of the aortic walls themselves as to tension or relaxation. Whoever has tuned a stringed musical instrument, knows that a string produces a lower pitched but a much *louder* note when in a moderate degree of tension than when the latter is higher; and so when the arotic walls are kept in an extreme degree of distension by the contraction of the arterioles in front and a hypertrophied ventricle behind, the amount of vibration imparted by the rush of blood into it will be reduced to a minimum; and this is why we have, in the condition I have been describing, the diminished and muffled first sound of the heart. That the sound is prolonged, is of course due to the fact that the rigid condition of the arteries does not permit the ventricle to empty itself at once by a single impulse, and so the contraction of the ventricle is continued over a longer period, prolonging the impaction against, and consequently keeping up the vibration of, the aortic walls.

It may be asked what is the utility of such a symptom when the diagnosis of Bright's disease is so easily made out, and can be demonstrated at last only by a careful examination of the urine?

It should be remembered that there are times in the history of almost every case of this disease when, unaccountable as it may seem, the albumen and tube casts entirely disappear from the urine for a time, to reappear again shortly after. A first examination made at one of these times might lead to negative and entirely erroneous conclusions; and a knowledge of the significance of these modifications of the heart sound would excite our suspicion notwithstanding the negative evidence of the test tube and microscope; guard our diagnosis, and induce us to repeat our examinations at a time when they would be more conclusive.

It, not unfrequently, happens too that an attack of uræmic convulsions is the first positive or at least obvious manifestation of

the existence of renal degeneration; and being called to such a case without any satisfactory previous history, many of us have been made painfully sensible of the difficulties of attaining an assured diagnosis; since the motor disturbances present might be caused by appoplexy or other cerebral disease, alcoholic poisoning and even digestive irritations. It is true that Bourneville has asserted that the thermometer will clear up any doubt in these cases; but it would fail us in alcoholic poisoning, in which we would have as decided a lowering of the temperature as in uræmia; and moreover there are certainly some exceptions to Bourneville's rules, since I have certainly seen one case, and probably two, within the past year, in which the temperature remained *above* the normal throughout attacks of uræmic convulsions.

Under these circumstances, the heart symptoms I have described would certainly add very greatly to our means of attaining precision in the diagnosis of all cases of acute uræmic intoxication.

In previously unrecognized or masked renal degeneration too, it should at once excite our suspicion of kidney trouble, a suspicion that should not, and would not, be appeased by a single hasty or superficial examination of the urine. For myself, at least, I can speak in the strongest terms of the value and significance of the symptom; and can state positively that for more than three years during which I have been specially studying diseases of the chest, I have repeatedly been induced to suspect renal disease on account of these peculiarities of the heart sound alone, and have never yet failed to find my suspicions verified. And I feel quite sure that the knowledge of the relation of these abnormalities of heart sound to Bright's disease has prevented me from making a blunder, or at least enabled me to recognize the latter disease earlier than I would have done without this knowledge, in many cases. All agree as to the extreme importance of early recognition and treatment of Bright's disease; since if it can be cured at all, it is only in its earliest stages, before the structural changes have become so great as to leave our patients with worthless or seriously damaged organs even if those changes are arrested. A

symptom therefore which calls our attention to the kidney early in the disease, is of the very utmost importance, and is worthy of our most careful study; and it is for this reason I desire to call the attention of the profession to it, that further and more extensive, and perhaps abler observation, may either establish its value or prove its fallacy:

* * * * * * *

Since I have written the above article, my attention has been called to the following paragraph in the *Medical and Surgical Reporter* of May 5th, 1877:

"A Point in the Differential Diagnosis of Uræmia.—Mr. W. Whittle remarks, in the Dublin *Medical Journal*:—About the *diagnosis* of uræmia from brain diseases, apoplexy, alcoholic poisoning, etc., considerable difficulty is sometimes met with, especially in those cases where a sudden attack is experienced for the first time, and where no history of any renal trouble can be found. In such cases great assistance will be had from careful examination of the condition of the heart, as nearly always distinctive modifications of the heart sounds will be heard, as reduplication of one or both, intensity of second sound, etc.; differences also in the arterial tension and cardiac impulse. Of these none seem so constant or remarkable as muffling of the first sound."

It has given me great pleasure to read this, since it proves that others have observed the same modifications of the heart sounds; and that it is not merely a fancy of my own, an aural illusion. And any chagrin I might feel about priority in this discovery, is completely swallowed up in the pleasure with which I congratulate the profession upon the discovery of this new diagnostic sign of a disease heretofore generally fatal or incurable only (as I believe) because it is never recognized until irreparable damage has been done to the organs which are its seat.

SULPHATE OF CINCHONIDIA.

BY C. W. CROPPER, M. D., BALTIMORE.

That the drug, named at the head of this article, does, in its operation after administration, come the nearest of all the alkaloids of cinchona to the reputed action of quinia, is a pretty generally received fact at the present time.

The writer has had occasion to use it almost exclusively for the past 13 months, in Hospital and Dispensary practice, and he begs herewith to submit his personal observations:

In the Dispensary the great majority of patients presenting themselves were more or less affected by malarial poison, and no matter what the peculiar disability the patient labored under, and from which he sought immediate relief, unless Cinchona Bark, in some form, was administered, the other remedies appeared to fail of their generally understood effects. Because of the great expense consequent upon treating so great a number of patients, (about 15,000, per annum,) Sulphate of Cinchonidia was substituted for quinia, with results sufficiently satisfactory to warrant its continuance. It appeared to manifest over malarial cases, both single and complicated, precisely the action attributed to quinine, the only apparent difference being that in certain cases, it was necessary to increase the dose to a marked extent before cinchonism was produced, although, in the writer's opinion, a very *little* greater proportion of cases of this kind presented themselves, than when quinia was exclusively used.

In the Hospital proper, where the cases could be more carefully observed, Cinchonidia was administered in every case, where quinia was usually indicated and it appeared to answer perfectly.

The gastric disturbance and cerebral annoyance consequent upon the free administration of bark was manifested to less extent when Cinchonidia was given then when quinia was used, even when, in the same patient, the former was given in double the

quantity of the latter. This seemed to be particularly the fact in the cases of children under 12 years of age and in adults over 60.

In the continued fevers the administration of large doses of Cinchonidia seemed to exercise as much control over the temperatures as quinia usually does, the only difference being in the quantity prescribed.

In one case of Typhoid Fever, of which records have been preserved, it is shown that the use of quinia had to be discontinued because it apparently increased the number of stools, whereas Cinchonidia was administered in precisely the same manner and quantity without appreciable difference in the diarrhœa. The stools were certainly more fluid and frequent under the use of quinia.

Especially did its use appear to result beneficially in the treatment of infantile diarrhœa. During the extreme hot weather of last June, July, and August, 1876, many children, under 18 months of age, were brought to the Dispensary apparently in the last stages of what is usually considered intestinal imflammation, characterized by great emaciation, vomiting and purging freely, and without effort, great prostration, stupor &c. They had, with very few exceptions, been irregularly treated for diarrhœa with the result usual in such cases, temporary relief—but even brandy and astringents failed of action, and opium appeared to have no effect further than to add to the stupor. Inasmuch as malaria seemed to be a complication in nearly every dispensary case, and after a careful use of Cinchonidia in the Hospital in just such cases as the children presented, a prescription was ordered for a child 12 months old, of the following character:

℞

Cinchonid. Sulphatis,		gr. xij.
Acid. Sulph. Aromat.		q. s.
Aquæ Menth. Pip.		
Aquæ Dest.	āā q. s. ad.	℥ ij.

Sig. A teaspoonful every three hours.

Household measures generally furnish ℥vi. to the ounce and therefore this child got gr. j of Chinchonidia at each dose, with a carminative in the peppermint water. The first dose was usually rejected immediately, the instructions then being to repeat the

dose at once until it was retained. If the child could not swallow ℥ij of the mixture were injected into the rectum with a starch and opium solution. To say the result was marvelous is to use a strong expression, but the result, in nearly every case, certainly justified the treatment and so positive was the apparent benefit that this mixture became a standard one in the Hospitals and Dispensaries, and continues to be used in all cases of this kind presenting themselves. The writer is well aware of the liability to err in ascribing to malaria all infantile summer complaints, and he does not wish to be understood as saying that Cinchonidia will cure all diarrhœas developed in children during the heated term, but he is certainly of the opinion that a judicious use of the drug quoted is of real benefit in many summer diarrhœas—especially now when it is a prominent fact that malarial disorders are increasing in number, and more or less complicating the cases seen every day.

As to the dose, as compared with that of quinia, the indications for grs. v. of quinia, are fairly met by the administration of grs. vij of Cinchonidia; about the proportion of 1½ to 1.

REPORTS OF CASES.

PUERPERAL CONVULSIONS.

BY JOHN A. BITTING, M. D., OF GERMANTON, N. C.

Case I. On 8th January 1876, was called in consultation by Dr. L. H. Hill, to see Mrs. M., æt. 19, primipara, who had been in labor at full term 15 or 18 hours. Had been having convulsions every 5 or 10 minutes previous to my arrival for about 2 hours, notwithstanding she had been copiously bled by Dr. Hill at the onset of eclampsia. Patient was unconscious when first seen by me. Gave her hypodermically:

℞

Atropiæ Sulph., gr. one-forty-eighth.
Aquæ Destillat., m. v.

which was followed in 4 minutes by a violent convulsion. We then found, on vaginal examination, the os uteri dilated to the size of a silver dollar, the membranes ruptured, and the head presenting in the first position. We decided to apply the forceps inside the os uteri, which, after several futile attempts, I succeeded in adjusting, and without any difficulty delivered a large living child. Twenty minutes after the injection of the atropia she had a slight convulsion. No further treatment was pursued except a dose of castor oil. The woman made an excellent and rapid recovery without a return of the convulsions.

Case II. On 31st July 1876, Mrs. I., æt. 22, primipara, six months advanced in pregnancy, had been troubled with slight pains for 5 or 6 hours when she was suddenly seized with a convulsion. I was immediately sent for, about 5 miles distant, and found, on arrival, that she had had two convulsions, about three-fourths of an hour intervening between them. I immediately gave her hypodermically:

℞

Atropiæ Sulph., gr. one-forty-eighth.
Aquæ Destillat., m. v.

Also,

℞

Potass. Bromide,	grs. xxx.
Tr. Verat. Virid.	gtt. v.

every two hours. On examination I found the os uteri slightly dilated, and the membranes intact. After waiting three hours I ruptured the membranes, and gave her

℞

Ext. Ergotæ Fl., ℥j.

which caused the expulsion of a living fœtus in thirty-eight minutes. No convulsions having returned, I ordered a dose of epsom salts, and the bromide of potassium to be continued in thirty grain doses. This, however, was neglected, and the convulsions returned in about four hours after the last dose of bromide of potassium had been taken. Was called to see her again, and, under saline purgatives and a continuation of the veratrum viride, and bromide of potassium, the woman recovered without an untoward symptom, or a second return of the convulsions.

CASE III. On December 17th, 1876, was called at 9 o'clock, P. M., to see R. B., (colored) aged forty, multipara, who had delivered herself of a large living child one hour previous to ocurrence of convulsions. I did not visit her, but directed a saline purgative and

℞

Potass. Bromide,	grs. xxx.
Tr. Verat. Virid.	gtt. v.

every two hours. At six o'clock on following morning was again requested to visit her, as the convulsions had not been mitigated in the least. Found patient unconscious, and the tongue, which protruded from the mouth, very much swollen and badly bitten. I gave her, hypodermically:

℞

Atropiæ Sulph., gr. one-forty-eighth.
Aquæ Destillat., m. v.

Also,

℞

Ol. Tiglii. gtt. v.

and doubled dose of bromide potassium and veratrum viride. Waited two hours, but no amelioration of symptoms occurring, I gave her hypodermically:

℞

Atropiæ Sulph. gr. one-twenty-fourth.
Morphiæ " gr. ⅓.
Aquæ Destillat. m. x.

and bled her, taking about twenty-four ounces of blood from the arm; saw her again at three o'clock in the afternoon, and found her no better. I then, regarding the case as being almost hopeless, left one-half ounce croton oil, directing five drops to be given every two hours, also frictions with the same over the abdomen until the bowels should be freely moved. Copious evacuations occurring about ten o'clock at night, the convulsions ceased. Saw patient again on morning of 19th December, 1876, and found her conscious and moderately comfortable. Recovery took place without any further trouble.

It will be seen that in case I, atrophia seemed to be all powerful in arresting spasmodic action, while in case II, the convulsions returned, apparently in consequence of the non exhibition of

bromide of potassium. In case III, bromide of potassium, veratrum viride and venesection, all combined, appeared to do no good, but free purgation with croton oil was followed by marked relief.

Now, what are the inferences to be drawn from the results in these cases? Evidently that blood letting, notwithstanding the dogmatic manner in which it is sought to be enforced by some, is not the remedy, *par excellence*, in puerperal convulsions. On the contrary, I have every reason to believe that puerperal eclampsia can be more readily controlled by atropia, bromide potassium, veratrum viride, chloral-hydrate, chloroform, croton oil and the salines than by venesection. I am more especially inclined to this view, since anæmia is a pathological condition almost universally associated with eclampsia, and is doubtless conducive thereto.

CORRESPONDENCE.

BROMIDE OF POTASH IN ECLAMPSIA.

Editors Maryland Medical Journal:

SIRS:—In the June number of your Journal, under the heading, "The Prophylactic Treatment of Eclampsia," Dr. Cersoy, of France, reports, September 1876, two cases of this disease treated successfully with the Bromide of Potassium. The reading of these cases recalled to my mind a somewhat similar case treated by myself, three or four years ago:

The woman was a large, well developed person, aged about thirty years. During her first confinement, she had puerperal convulsions, and was delivered with forceps by Dr. E. Burke Haywood, of this city.

In her second confinement, two years subsequent to the first, I attended her, she had puerperal convulsions of the most violent character; I delivered her with forceps of a living child. She had convulsions ten or twelve hours, also, after the birth of the child.

Two or three years after this second confinement, she sent for me again. I found her seven and a half months advanced in pregnancy—her face and extremities œdematous, and constant head-ache. She informed me that these were the same symptoms she had a month or so previous to her other confinements. At her urgent solicitations I abstracted about twelve ounces of blood from her arm, which she said relieved the head symptoms; after this, I gave her ten grains of the Bromide of Potassium three times daily, to be continued till her confinement. Her urine contained a large quantity of albumen. At the end of six weeks she was confined, had a natural labour and was delivered of a fine healthy child. I only report this case as one to substantiate the views expressed by the learned Dr. Cersoy.

WILLIAM LITTLE, M. D.

Raleigh, N. C.

ORIGINAL TRANSLATIONS.

FROM THE GERMAN.

BY R. B. MORISON, M. D., OF BALTIMORE.

Atresia Ani Vesicalis.—In a late number of *Centralblatt*, F. Ahlfeld, is reported as having delivered an eight months' fœtus (female) of a remarkable character:

Delivery was difficult on account of the largely distended abdomen.

Besides being affected with kyllosis and deplogenesis of the thumbs, atresia ani was most noticeable.

Upon doing abdominal section the rectum was seen to open into the urinary bladder, which accounted for there being no infarction of fæces in the small intestine.

Early in the stage of development (before the end of the second month) an excessive stretching of the allantois had prevented union of the Müllerian ducts so that there was a double uterus and vagina which opened first into the allantois and after-

wards into the bladder, forming a complete cloaca. The left kidney was normal, the right scarcely developed. One ureter, instead of going directly into the bladder, ended in the Müllerian ducts.

Poisoning with Salicylate of Soda.—Dr. F. Petersen relates some unusual symptoms of poisoning with salicylate of soda. In six hours a patient took six drachms. Besides intense headache, tinnitus aurium, weakness of vision and profuse diaphoresis, there appeared disturbance of the sensorium with troubled hallucinations, mydriasis, strabismus divergens, hoarseness and difficulty of speech so that many words could not be pronounced at all.

These symptoms disappeared after some days but returned though with less intensity, after subcutaneous injection of one-third of a grain of salicylic acid.

Dr. P., recommends subcutaneous injection of from eight to sixteen grains salicylic acid in concentrated solution for erysipelas. The injections must be made under the healthy skin near the affected part.—*Centralblatt.*

Lasinski recommends a powder made of ℥ss. salicylic acid, grs. xv. quinine, and grs. viij āā of sugar and bicarb. soda for pertussis. The whole quantity should be so divided that it would last ten days, using it twice daily. Each part should be blown into the throat with an insufflator. After each insufflation a certain degree of suffocation follows which soon passes by.

Under this treatment the writer had cured more than fifteen cases of pertussis convulsion, between the fifth and thirtieth day. —*Centralblatt.*

In Two Cases of Diabetes Mellitus, Warnek, in Kiel, found that salicylate soda in large doses (℥ ijss) given three or four times daily caused a noticeable diminution of the quantity of sugar as long as the medicine was continued.

In one case in which it was given in doses of drachms four to four-and-half, with flesh diet, the sugar disappeared entirely.

The concomitant symptoms were slight—only a small quantity of albumen being found, which did not increase in quantity upon the continuance of the drug.—*Centralblatt.*

REPORTS OF SOCIETIES.

AMERICAN MEDICAL ASSOCIATION.

TWENTY-EIGHTH ANNUAL MEETING.

FIRST DAY'S PROCEEDINGS.

The Twenty-eighth Annual Meeting of the American Medical Association was held in Farwell Hall, Chicago, beginning on Tuesday June 5th. It was opened by an address from Dr. J. Marion Sims, who then presented the new president Dr. Bowditch, of Boston. Dr. N. S. Davis, of Chicago, delivered the address of welcome to Chicago. In the course of his remarks he very appropriately referred to the early organization of the association. This he was quite competent to do, for, as all our readers are aware, he was himself the leader of the effort. The association, whose annual attendance now numbers over six hundred, has shown its appreciation of his labors by twice electing him to the office of president—an honor which has been conferred upon no other physician of this country.

The sections and the association proper all immediately settled down to work, for on the first day of the session the following papers were read and discussed, either before the entire body or the special section to which the subject belonged: The Administration of Quinia in Pneumonia, by Dr. N. S. Davis; Extirpation of the Uterus, by Dr. Kimball, of Massachusetts; Treatment of some Diseases of the Female Urethra, by Dr. W. H. Byrd, of Illinois; Certain Operations for Vesico-Vaginal Fistulæ, by Dr. Bozeman; the Value of Extension in the Treatment of Fracture of the Femur, by Dr. Hodgen, of St. Louis; the Relations of Spiritualism to Medical Jurisprudence, by Dr. John P. Gray, of the Utica Asylum.

The paper which excited the most discussion seems to have been that read by Dr. Hodgen, on the treatment of the fractured femur. He pointed out the faults of plaster cases and pulley apparatuses

before giving his own method of treatment. His conclusions were, that continued extension of the femur is essential; that this can not be secured by lateral supports of any kind, and that it can be by oblique suspension.

The evening of the first day was occupied by a number of receptions tendered the members of the association by the leading Chicago physicians.

SECOND DAY'S PROCEEDINGS.

The revisions of the United States Pharmacopœia was the subject of Dr. E. R. Squibbs' address, on Wednesday morning. Our readers are already acquainted with his reasons for wishing this revision, so this part we shall not repeat. He made frequent reference to a pamphlet (Dr. Wood's) which appeared some months ago in opposition to the proposed revision. The paper, during its first half, treated of the decennial conventions and the manner in which they were called. Under the present arrangement, the convention is to meet in 1879, when a committee on revision will be appointed, who are to prepare an authoritative pharmacopœia, which no doubt, will be defended by all means legally available. The pamphlet pointed out that there would then be two pharmacopœias, if the American Medical Association attempts to put one in the field. As to that point, Dr. Squibbs pointed out that Great Britain once had three pharmacopœias; and if there should come to be two in America, the doctrine of the "survival of the fittest" would, in its operation, take care of the best one. In May, 1880, a convention would meet in Washington which would be a convention, no matter how few its delegates, and it would have authority to revise the pharmacopœia.

Dr. P. G. Robinson, of Missouri, followed with a paper treating of the transmission of enteric fever by dairy milk. It instanced a case in which the animals in a dairy were watered at a stream which was polluted above by the excrements of a large number of workmen. The families using the milk were attacked. Dr. Robinson pointed out that great care should be taken in the milk-supply of large cities, where children were laid especially liable to injury from its impurities.

Dr. J. P. White, of Buffalo, New York, made a report from the section on obstetrics. It consisted for the greater part of a plea for the more frequent use of "that most humane of instruments, the obstetric forceps." He also exhibited an instrument, prepared by himself, which he claimed combined all the good points of all the other instruments in use, and none of the bad.

The section on practical medicine listened to and discussed an interesting report on clinical and meteorological records, by Dr. N. S. Davis and by Dr. Denison, on the influence of Colorado climate upon consumption. The latter paper is supplemental to the one he read in 1876. Dr. Denison is a warm advocate of Colorado air in the treatment of this affection, and presented many tables of statistics relative to the subject. He gave detailed accounts of twelve phthisical cases, of which half were favorable and half unfavorable to the Colorado climate. He had been led to the conclusion that consumption might be benefitted by the Colorado atmosphere, not only in its early but under proper conditions, in its later stages. The influence of altitude on phthisis was favorable in the beginning of chronic inflammatory and hemorrhagic cases, and in cases allied to these. It was unfavorable as the disease was complicated by cardiac disease, associated with increased labor and abnormal activity.

The paper gave rise to a warm debate. One physician believed that patients who returned from Colorado were worse off than they would have been had they never gone. Another believed that those conditions which restored consumptives to health in Colorado were not climatic, and might be obtained at home. It was voted to refer the paper to the publishing committee, and request Dr. Denison to continue his studies, and embody his conclusions in a paper to be presented to the association next year.

Before the section on obstetrics, Dr. Bozeman submitted statistics relative to organic diseases as observed in Germany.

Dr. Marcy of Massachusetts, read an essay on "Congenital Absence and Imperfect Development of the Uterus," which was discussed by Drs. Webber, of Indiana; Staples, of Minnesota; Warner, Bozeman, Seymour, Sims, and Dean of New York, and Battey, of Georgia.

Drs. Cuttle, of Massachusetts, and Hildreth, of West Virginia, exhibited some new obstetrical instruments of their own device.

The section on surgery and anatomy met in Farwell Hall, the attendance at this section being greater than that at all the other sections combined. Dr. S. D. Gross read a paper prepared by his son, Dr. S. W. Gross, of Pennsylvania, on "Strictures of the Urethra from Masturbation, and its Pathological Significance." Dr. W. T. Briggs, of Tennessee, read a paper on "Medio-Bilateral Lithotomy." Dr. Lewis A. Sayre described his "Treatment of Fractured Ribs by Extension and Expansion of the Thorax and Retention by Plaster of Paris Bandage."

Dr. Whipple, of New Jersey, described an operation in which he removed one and a half inches of the tibia and fibula of a patient. In the discussion of this case, Dr. Link, professor of anatomy in Indianapolis, described cases in his practice showing that the repair of a bone did not depend on the existence of periosteum.

The section on medical jurisprudence and psychology spent the entire afternoon in listening to and discussing a paper by Dr. R. J. Patterson, of Illinois, on the subject, "Do Facts Justify the Recognition of Moral Insanity as a Distinct Form of Mental Disease?"

Dr. Patterson's conclusions were adverse to such recognition. His paper contained statistics from a large number of insane asylums running back over several years, and showing a very marked diminution of cases of so-called "moral insanity." Dr. Patterson objected to the recognition of moral insanity as a distinct form of mental disease, because there were no cases in which it was shown that a person suffered from "moral insanity," while the intellect was perfectly rational. No person would suffer by the denial of this recognition. The term "moral insanity" not only does no good, but it does positive harm by enabling unscrupulous lawyers to set up a specious plea in behalf of their clients, especially in cases of homicide, in which there is no question as to the soundness of the intellect. The cases of Sickles, McFarland, and many others were cited here. And finally very few of the highest authorities, medical or legal, recognized such a disease as moral insanity, and the plea of that disease is looked on with suspicion by experts.

In the discussion which followed, Drs. Gray, Thompson, Battey, and Knight agreed with the essayist, while Drs. Seguin, of New York, and Buck, of Canada, contended for the existence of moral insanity.

Dr. J. R. Black addressed the section of state medicine and public hygiene, on the Relation of Heredity to Race Degeneration and Improvement.

Dr. Comegys read a paper on state medicine, which particularly dwelt upon the necessity of rigid restrictions as regarded admission to practice. The State should exercise over all physicians a supervision so careful that no unqualified person could, by any possibility, foist himself upon the community.

LAST DAY'S PROCEEDINGS.

On Thursday morning the association met with 650 delegates present.

The report of the Committee on Necrology was read and referred.

The Treasurer, on retiring, reported unusually heavy expenses during the past year, but that he had a small surplus.

The Committee on Publication submitted a lengthy report, urging that a medically educated stenographer be employed to supply the copy of the proceedings for pamphlet publication, and making other recommendations.

The Committee on Prize Essays reported that only two had been submitted, and neither was worthy of a prize.

Dr. E. M. Hunt read a long paper on "State Medicine and Public Hygiene."

The Librarian reported that a number of new books had been added.

The question of the revision of the Pharmacopœia was again discussed, but finally the whole subject was tabled.

The following officers were elected: President, Dr. T. G. Richardson, of Louisiana; Vice-Presidents, Drs. White, of New York, Gunn, of Illinois, Russell, of Connecticut, and Dunlap, of Ohio, with Chairmen and Secretaries of the various sections of the Convention.

The report of Drs. J. J. Woodward, U. S. A., and Edward Seguin, on the progress of uniformity in the means of observation and record, was submitted, as follows:

"During your last session you have voted that the question of uniformity in the means of medical observation and of medical records should be presented in your name to the International Medical Congress soon to meet in Philadelphia. This Congress received your communication with an interest enhanced by the warm recommendation of its illustrious President, Prof. Samuel D. Gross, in his inaugural address; and the International Medical Congress, in its turn, voted the sending of delegates to the next International Medical Congress, which is to meet in Geneva, September, 1877, with the special commission of pleading there the cause of medical uniformity. Such has been the official progress of this question since your last meeting.

"Its technological progress consists (a) in the perfecting and cheapening of the sphygmograph, but not yet to the point of making it as popular as the thermometer. (b) In the reduction of urinometers and microscopes to a uniform standard and to pocket size. (c) In the invention of simple colorimeters and globulimeters, which seperately realize the hopes induced fifteen years ago by the brilliant invention of Prof. Mantagazza. (d) The more important conquest of this year

has been the acceptance of the metric system by the New York State Medical Society.

"It may not be out of place to add that the demand for instruments of positive observation has more than decupled in the last ten years, and that the use of uniform records of medical observation has increased from a few hundreds to thousands annually; a double progress entirely new to the initiative of this great progressive body, the American Medical Association.

"During the same period the pharmacists have made parallel efforts to bring uniformity in the products of their trade, which is an accessory to our art; and we must acknowledge that they are somewhat ahead of us. They will be strongly represented in the International Medical Congress of Geneva, and it would be more creditable for them than for us were they the first to agree upon the terms of this long longed-for uniformity on our own ground. Pharmacy would gain nothing and physic would lose much by leaving disconnected two movements which tend to establish uniformity in the pharmacopœia and in the practice of physic; both uniformities being twin sisters of the same spirit, the aspiration of the human mind towards the next synthesis.

"Therefore, your reporters on this subject propose that the American Medical Association send special delegates to the International Medical Congress at Geneva—as it did so effectively to the International Medical Congress of Brussels, in 1875,—to advocate the adoption of a progressive uniformity of means of medical observation and records, with the concurrence, if possible, of the members of this Congress who will be found there engaged in advocating the application of uniformity in this and other departments of science."

The Association adopted the conclusions of this report in its last general meeting, and fused the delegation to that effect with the other delegation to the permanent medical societies of Europe for 1877–'78, naming Dr. Edward Seguin, of New York, president of this mixed delegation.

The Association also adopted a resolution favoring the passage of the "Morrison Bill," now before Congress, repealing the tariff on quinine.

Buffalo was selected as the place of the next annual meeting, and the first Tuesday in June as the time.

The Association then adjourned, although the work of the sections was continued until late in the evening.—*Cincinnati Clinic.*

BALTIMORE ACADEMY OF MEDICINE.

June 5th, the Academy of Medicine was called to order by the president, Prof. Richard McSherry.

Prof. Chisolm reported a case of partial deafness with aphonia, due to pharyngeal irritation, in a woman of thirty-five. A pediculated tumor was found in the lower pharynx the size of an almond, with a very straw like pedicle, which attached it to the left side of the throat, just below the tonsil. The tumor jutted directly across the throat and resting against the epiglottis caused, by irritation, aphonia. From the small size of the pedicle, the size and firmness of the tumor, it must have been many months in growing. So slender was the foot-stalk that a severe fit of coughing might have ruptured the connection with the pharyngeal wall.

Prof. Chisolm reported a second case of pharyngeal tumor, the size of a large fowl egg, in a man of sixty, which in its growth had so packed itself in the upper pharynx as to fill it completely, closing the eustachian openings and causing deafness. The tumor had started by a very broad stout foot-stalk from the basilar process of the spheno-occipital bone, and in its downward growth had pushed the soft palate forward showing nearly an inch of its fundus in the buccal pharynx. It often bled and caused much pain, besides constant muco-saneous discharge from the nostrils. The tumor was removed in the following way: A Bellock's sound was forced through the nostril into the mouth and by means of it a loop of stout silver wire was drawn through the nose. The loop was then adjusted around the tumor from the mouth, forcing it up with the finger until it had ascended to near the orgin of the growth. The wire was then tightened by means of a screw canula introduced through the nose, a delicate écraseur. By twisting the screw several times a day the entire mass was severed in 24 hours without the least hemorrhage. The nasal speech disappeared with the tumor and hearing was perfectly restored. The tumor was a malignant sarcoma and will most probably return. For the present the patient believes himself well, having been completely relieved of all of his discomfort.

Dr. C. Johnston exhibited a specimen of chylous urine which he obtained from a patient who passed it at irregular intervals. The urine at times was so coagulated in the bladder that it became necessary to use a catheter and wash it out. The patient was a gentleman ad-

vanced in years, who experienced great responsibility and care in his profession. His health was poor whenever this condition of the urine existed.

Dr. Johnston related a case of epithelioma of the penis in a mulatto man aged 52. The patient first presented himself for operation in August 1876, at which time the anterior two-thirds of the penis was amputated by use of the écraseur. The wound healed kindly, and the patient was exempt from the disease until May, at which time he reappeared for treatment.

Dr. Johnston performed an operation the second time for the removal of the diseased mass.

A perineal section was first made, and sides of the urethra attached to the edges of the incision in the perineum. The urethra was next detached in front of the wound under the scrotum so as to prevent an extension of the disease to the urethra next the bladder in the event of a return of the disease. The stump of the penis was next removed close to the symphisis pubis by use of the écraseur.

The operation was original with Dr. Johnston.

The patient was improving rapidly at the time of the report.

Dr. Van Bibber reported a case of epithelioma of the penis in a patient 30 years of age. He saw the case with Dr. Frick (now deceased), in 1849, at that time the écraseur was not in use and the organ was amputated with the knife. Hemorrhage was alarming and was only controlled by use of sub-sulphate of iron. The doctor thought the case of interest as showing the improved methods of handling surgical operations at the present time over those of a few years back.

Dr. Arnold reported a case in which he supposed there was a collection of pus in the right iliac space due to a local peritonitis. The patient was a young woman 20 years of age. Dr. Arnold thought the aspirator was admissible and asked for the experience of the Academy in regard to the use of this instrument.

Dr. Chew mentioned a case of ovariotomy in the practice of Dr. Howard in which an accumulation of pus had been removed through Douglas' *cul de sac* with an aspirator affording great relief and resulting in the cure of the patient.

Dr. Chew stated, in connection with a case of empyema reported at the last meeting of the Academy, that he had occasion to use the aspirator three times removing in all 90 ounces of pus. He remarked that whilst clearly defined bronchial breathing in the adult was

diagnostic of consolidation of the lung the rule would not hold good in the child. Other methods of diagnosis must be resorted to.

Dr. McSherry reported a case of empyema in which two gallons of fluid in all were removed, ninety ounces at the last tapping. He thought the introduction of the drainage tube preferable to the frequent use of the aspirator.

Dr. H. P. C. Wilson related a case of empyema in which a single injection of tinc. of iodine resulted in the cure of the patient.

Dr. Houck reported a case of empyema in which a spontaneous evacuation through the lung occurred after the aspirator had been employed. The discharge continued through the lung until the patient was cured.

A QUESTION OF DIAGNOSIS.

Dr. McSherry related a case in which a physician in good practice requested him to give his opinion in regard to a specimen of urine then offered for examination. The physician said, during the conversation, that he himself had carefully examined specimens from the same patient, and was satisfied that she was suffering from Bright's disease of the kidneys; inasmuch as he had found albumen by chemical tests, and tube casts and put also under the microscope. He further added that he wanted a confirmation of his own tests, as he disagreed with the attending physician in this case, who denied the existence of Bright's disease in this patient.

Dr. McSherry not being willing to act as umpire declined to make an investigation. In one or two days thereafter he was called into consultation in the case, which was then in care of the family physician alone, Dr. —— having retired because of disagreement in the diagnosis. The patient, an old lady, had hypertrophy of the heart of long standing, and evidences of fatty degeneration. She was suffering with an attack of dysentery, which was then partially relieved, and very considerable dysuria, with great intolerance of medicine. Among other remedial agents a cantharidal blister had recently been applied over the epigastrium. Dysuria is a well known attendant on dysentery, but in this case it was excessive even to a degree of strangury, and was probably aggravated by the cantharides. The urine was examined at the bedside, litmus paper and heat being used; at this time (and subsequently) there was no trace of albumen. At Dr. McSherry's suggestion, a portion of raw cotton saturated with olive oil and tincture of belladonna was directed by the attending physician to be thrust in the vagina at night, and left in contact with the urethra, and neck

of the bladder to abate the strangury. This cotton when removed the next morning brought entangled in its meshes a *discolored pin*, which it had dislodged from the urethra, and thereafter the dysury ceased.

The presumption was that at some time past, this old lady had swallowed the pin unconsciously—it not being uncommon with women to thrust half a dozen pins in their mouth at once—that it had passed along the bowel, and that during the attack of dysentery it had passed through the diseased bowel and vaginal wall, and found a lodgment in the urethra.

The first consulting physician had then found pus and more or less albumen in the urine undoubtedly, and the general condition of the patient made Bright's disease probable, but nevertheless the investigations made by Dr. McSherry, with the attending physician, sustained the position taken by this gentleman.

Prof. Chisolm read a paper with title, "What anæsthetic shall we use." In the paper Prof. Chisolm said that to bring a person to that borderland in which life so simulates death, should be no fool's occupation, and that therefore anæsthetics should be administered only by those familiar with their action. He recognizes anæsthetics as among the most potent drugs of the materia medica, and therefore should be administered with caution always. In common with all potent and useful drugs, anæsthetics have toxic properties, and can kill both from careless administration or from peculiarity of constitution, called idiosyncrasies. Chloroform and ether, the two representatives of this class, can kill in at least seven ways, six of which are to be clearly attributed to mal-administration and only one, the very rarest cause of death, to idiosyncrasy. That one wants no better evidence of the infinitesimally small risk for meeting these cases of idiosyncrasy than in examining the published statistics of the well known surgeons who have administered it for surgical cases, from 10 to 16,000 times without a single accident, to say nothing of the hundreds of thousands of cases in which chloroform has been successfully used in obstetrical practice. He finds accidents occurring chiefly in the hands of the ignorant and the timid; rarely from over dosing, but by far the most frequently from deficient administration; not enough to protect the individual against those dangers of reflex action which can be kept in abeyance only from a sufficient dose, the patient dying from shock or prior to the use of anæsthetics. He decidedly prefers chloroform to ether as equally safe, less nauseous, less irritating, and more efficient,

He has given it many thousands of times, and has never seen an accident from chloroform; in the adult he always precedes the administration with a good drink of whiskey. To this combination of whiskey and chloroform he attributes the very wonderful success which it has had in military surgery amidst the hurry of battle field treatment. In heart diseases, regardless of kind, he looks upon the free and full administration of chloroform as the "strong bridge" which will carry the patient safely over serious operations. He gives chloroform daily to any one who applies to him for a serious operation in eye surgery, his specialty, regardless of the organic disease which may be located in any other organ. He long since adopted the axiom of Syme, of Edinboro'—"Show me a case for serious surgical operation and I will show you a case far chloroform inhalation." He has tried ether, but has abandoned it for the more satisfactory chloroform in which he has absolute confidence as by far the best of known anæsthetics.

SELECTIONS.

RULES FOLLOWED BY MR. SPENCER WELLS, IN THE OPERATION OF OVARIOTOMY.

"1. He permits no inoculation with septicæmia by the visitors who are present, no matter if they be intimate friends. They cannot touch the patient's person, much less her mucous membrane by a vaginal examination; and by their written certificate they are put upon their honour that they have not within a week been even within a suspicious atmosphere.

"2. Similarly, precautions are taken against the chance induction of simple peritonitis. By permitting no examination, whether external or internal, by visitors, a deal of unnecessary stirring up of the patient's pelvic and abdominal viscera is avoided. At such times it is but a sorry compliment to a professional friend to ask him to verify the diagnosis, while abstinence from such manipulation may to the patient make the difference between life and death.

"3. The patient, having been anæsthetised previous to their entrance, sees no stranger. Visitors would instinctively retire at

the close of an operation, but they are too often ushered into the room prematurely, thus causing much unnecessary nervous excitement, which most certainly cannot increase the chance of recovery.

"4 Celerity in this operation, provided time enough be allowed for the completion of every requisite stage, and the closure of all points of hemorrhage, means not *eclat* for the operator so much as safety for the patient, by preventing undue exposure of her viscera and peritoneum to atmospheric irritation and chill. To insure this, skilled assistants are required, who are not only generally, but specially, versed in every possible detail of the operation.

"5. Every minute precaution, if wise, counts towards the result; so that to confine the patient's extremities beforehand leaves the assistants free for other duties, and preserves the operator from stoppage in his work; saves his mind from annoyance, and his thoughts from being turned from the point of the moment. In the same way, perfect neatness and cleanliness, everything being in its place, and that place a matter not of chance but of prevision, helps the result. Napkins soaked with ascitic and ovarian fluid, sticky sponges, puddles of coagula, and instruments coated with half-dried blood, may seem the necessary adjuncts of such an operation, but their absence goes far to keep the operator's hand facile, his mind cheerful, his speed great, and to cause his whole work to be better done.

"6. Other things being equal, the shorter the incision the better, for manifold reasons. To disintegrate the morbid mass from within its substance by the hand passed into the cavity of a cyst is far more judicious than to pull and to twist and otherwise forcibly undertake to deliver it, whether by hand, by forceps, or by both combined. The adjacent viscera are less disturbed in position and less liable to be bruised, the peritoneum receives infinitely greater protection, and there is less traction upon the pelvic ligaments.

"To the other steps of the operation I need not refer, covering as they do ground that is now much more common to surgeons. I used myself to attach great importance to passing the sutures through the peritoneum, as Mr. Wells did in the case now re-

ported, but I have had recoveries when, to decide this question, no suture whatever was used; either the external lips of the wound were simply brought together by adhesive straps, or its internal edges by deep outside pressure of a similar character. And so with regard to the treatment of the pedicle. In this instance it was brought outside, and a styptic antiseptant applied. Recoveries have so constantly followed not merely this method, especially known as Mr. Wells's, but deep tying, whether with silk, catgut, or wire, deep acupressure, the actual cautery, and even other procedures, the comparative merits of which have not been decided, and of which one seems best on one occasion, and another on another, that I do not now discuss them. My aim has been to point out certain general principles, hardly as yet appreciated, which must underlie all constant success; and I am quite sure that in Boston, where the performance of this operation of ovariotomy, perhaps *the* great triumph of modern surgery, was, not many years ago, in Mr. Wells's own presence, pronounced 'a mere matter of taste,' my remarks will be appreciated and their justness coincided in."—*Boston Medical and Surgical Journal*,

The following exhibit of ovariotomy at the Samaritan Hospital, London, is both satisfactory and encouraging:

"The year 1876 has been the most successful on record at the Free Samaritan Hospital—the operation of ovariotomy having been performed fifty-five times with only five deaths. Forty of these were performed by Mr. Spencer Wells, with four deaths; and eight by Mr. Knowsley Thornton, without a death. The fifty-five cases include many in which both ovaries were found diseased and removed; and many of the operations were most formidable from the extent and nature of the adhesions. No case in which the diagnosis of ovarian tumour was made was refused the operation, however bad the prognosis, provided the patient still wished to have the last chance when the extra danger of her case had been fully explained to her. We believe these are the best results yet published, either in hospital or private practice."

A NEW METHOD OF CURING POPLITEAL ANEURISMS.

Dr. Martin Burke, of Bellevue Hospital, contributes a paper to the June number of the New York *Medical Journal*, "upon a new method of curing popliteal aneurisms, by the employment of a conical shot-bag suspended from a height by a rope, the apex of which cone should press upon the femoral artery in scarpa's space, and so cause all pulsation to cease in the aneurism below."

After reporting three cases, successfully treated by this plan, Dr. Burke says:

"I will describe, in a few words, our entire apparatus as it is now in use. The shot-bag should be made of canvas, in the form of a flattened cone, and its apex should measure about one inch in diameter. Either a rounded piece of cork or of India-rubber, one inch in thickness, should be fitted accurately to the inside of the apex of the cone. A long, thin rod, reaching down to and resting upon the rubber in the bag, should be inserted and held directly in the middle of the cone, while shot is being poured around it, and until the requisite weight is attained, say about twelve pounds. A piece of canvas of the requisite size, with a hole cut in its centre for the passage of the rod, is now tightly stitched over the base of the bag. A stout wire hook being now fastened securely both to the centre of the broad base of the cone, and to the rod as it emerges from that point, to prevent it from slipping from its bed, and tabs having been sewed to the conical point of the bag, it is ready for use. And now to suspend it: A small pulley is driven into the ceiling, through which is passed a rope, both ends of which are to be attached to the wire hook in the shot-bag, with this difference, that one end is passed through rings fastened to the rod, and helps, in a measure, to keep it in place. To the free extremity of the outer end of the rope the rubber tubing is secured, and from a hook in its free end a large linked chain connects it with the hook in the centre of the base of the shot-bag. The chain is merely to regulate the amount of pressure which it may be desirable to employ. Such, then, is this apparatus, which is simplicity itself, and which is at the same time certain in its results and comfortable to the patient

in its application. I believe that it is a slight advance, and I trust it may prove a valuable one, in our knowledge of the treatment of aneurisms."

Impaction of Gall-stones.—In the *Canada Lancet*, for June, Dr. Thos. S. Barclay, of Detroit, Michigan, reports a case of "Impaction of Gall-stones and Obstruction of the Bowel," causing death. A post mortem was made and the gall-bladder was found packed full to distension, with gall-stones, to the number of 700, from the size of a pin's head to a bean. "The cystic and common ducts were entirely occluded, and fibrous bands were attached from the gall-bladder to the bowel, causing constriction of the duct. The smallest probe would not enter the common duct, and the bowel would not admit a common quill. The constriction of the bowel extended from the stomach down to the middle of the descending portion of the duodenum. The liver was somewhat enlarged; the heart small and soft, but no valvular trouble. The stomach was perfectly healthy; all the other organs normal." The patient had been subject to attacks of bilious colic, every few months, which would pass off under treatment.

Dr. Barclay Remarks:—"This case was very interesting from the fact that there was a difference of opinion among the medical attendants as to the nature of the trouble. This was entirely cleared up by the post mortem examination. One lesson which may be drawn from the case is, the importance of a careful examination of the fæces for the presence of gall stones, after these so-called attacks of bilious colic. It is very likely that he passed numbers of them from time to time, but finally their accumulation in the gall-bladder, and consequent pressure, produced inflammation, which resulted in what we found after death. I am persuaded that there are more cases of this kind than generally supposed. Within the past three years I have met with no less than twenty-three cases. The succinate of iron has been very successful in my hands in arresting the formation of these stones."

Intra Uterine Amputation.—Dr. A. Trego Shertzer, of this city, contributes an article to the June number of St. Louis *Medical Brief*, in which, after discarding the generally accepted theories as to the causes of intra uterine amputations, he says:

"How then can we account for the accident or malformation in question?"

"Two theories may be advanced to explain it; and it is possible the accident may occur sometimes in the one way, sometimes in the other."

"First: at a very early period of embryonic life, the principal blood vessel or vessels of the limb becomes occluded either by thrombosis or embolus, and collateral channels not yet being provided, development ceases at the point of occlusion of the vessel; or, second, at a still earlier period, and even before there are blood vessels or nerves, that portion of the protaplasm which should have formed the missing member, from some cause not understood, ceases to proliferate, with the result in question. From the fact, that, upon the stump of the arm or leg that is incomplete, there are frequently found rudimentary fingers or toes, the latter explanation would seem the most probable, unless we are prepared to admit that human embryonic development is governed by a law different from that which attains under other circumstances. These theories are suggested merely for discussion by the profession, from whom I would like very much to have an expression of opinion upon the subject."

Means of Arresting Epileptic Attacks.—M. Nothnagel gives (Berlin. klin. Wochenschift, Nos. 41 and 46, 1876) the case of a workman subject to attacks of epilepsy, in whom each fit was preceded by an aura, occurring usually from a quarter of an hour to half an hour before the fit. The aura was characterized by a peculiar sensation of constriction, the seat and point of departure of which was the epigastrium. The sensation seemed to rise in the throat, and to compel the patient to breathe deeply and rapidly. Then it seemed to descend, and after recurring several times, finally affected the head, which was turned to the

right, when the patient immediately became insensible. He had discovered for himself that on putting a quantity of salt into his mouth, as soon as the aura commenced, he could ward off the attack; a sensation of burning was experienced in the œsophagus, and the affection redescended; a teaspoonful was insufficient; a handful was required. Brown-Séquard arrested, it is well known, attacks of epilepsy in his epileptic Guinea-pigs by turning their heads briskly to the side of the body opposite to that of the medullary lesion; and it would appear that a strong peripheric stimulus will serve the same purpose, as sharp pinching of the skin in the epileptic zone or elsewhere, or the application of a tight ligature to the fingers. In such cases the effect is probably due to a simple reflex inhibitory influence. Prof. L. Meyer, remarking on these cases, states that several years ago, in fact as long ago as 1855, Prof. Nothnagel observed that sulphate of quinine administered a certain time before an epileptic attack was very effective in preventing its occurrence; and, in these days, when intravenous or subcutaneous injection can be so readily employed, this means would appear to be worthy of further investigation. The quantity administered by Prof. Nothnagel was from fifteen to forty-five grains.—*Practitioner.*

A GOOD FAUCIAL STIMULANT.

℞

Hypophosphite of Ammonia,	℥j.
Syrup Tolu,	f℥viii.
Glycerin,	
Water,	āā f℥iv.

To the water and glycerin add the hypophosphite of ammonia, and agitate until dissolved. Then add the syrup tolu and one ounce of freshly powdered cubebs, and agitate well before each dose.

Ordinary dose, one teaspoonful every one to two hours.

We have found this preparation to be a very superior remedy for coughs, colds and hoarseness. Its use in small oft-repeated doses, is very beneficial for preachers, singers, and other public

speakers, to clear the voice, taken for several hours before they appear in public. And instead of causing loss of appetite and constipation, and thereby general derangement, as quite all the patent and proprietary "Lung Balsams" do, and also some of the cough mixtures of the U. S. P., it arouses the biliary organs to increased action, thereby keeping the bowels regular, stimulates and strengthens the digestive apparatus, and thus benefits the patient in several respects, and injures him in none. Besides it is not "bad to take." By using the fluid extract of cubebs, instead of the powder, a more elegant preparation could be made, but it would not be so efficient.—*Pacific Medical and Surgical Journal.*

A New Treatment in Post-Partum Hemorrhage.—Dr. W. Handsel Griffiths, in the *Practitioner*, reports two cases of severe post-partum hemorrhage, in which every known means had been adopted unavailingly, and to which he was called in consultation. He says:—"It flashed across my mind in the first case to try the effect of the ether-spray, and accordingly I directed a large spray over the abdominal walls, along the spine, and over the genitals; the uterus at once responded, and the cessation of the hemorrhage was almost immediate. In the second case I lost no time in adopting a similar treatment, and with an equally successful result. I have consulted several eminent obstetric practitioners in Dublin, and am informed by them that they are not aware that this treatment has been heretofore proposed. The advantages of the ether-spray over the application of cold water, and the other means usually adopted in these cases, must be patent to every practitioner of midwifery.—*The American Practitioner.*"

Disguising the Taste of Castor Oil.—A modification of the old and favorite mode of administering castor oil in orange juice is offered by Potain. He directs that the juice of half an orange be squeezed into a glass, and after carefully pouring the oil upon this, to add the juice of the other half of the orange, so as to enclose the oil. If pains be taken to avoid mixing the layers, the combination can be swallowed, it is said, without the least perception of the flavor of the oil.—*Louisville Bi-Weekly.*

EDITORIAL.

MEDICAL JOURNALISM IN BALTIMORE.

The Cincinnati *Clinic*, in noticing the first number of the JOURNAL, says:

"This new journal presents an excellent appearance. It is edited by Drs. Manning and Ashby, and contains papers from Drs. Chisholm, Coskery, Arnold, and Brown. We wish the editors the considerable success to which they are entitled. It is remarkable that a city like Baltimore, which contains so many able medical men, should not have been able hitherto to maintain a medical journal. We trust the present venture will be more fortunate. The profession in Maryland have depended too much on their sister city of Philadelphia. Instead of receiving meekly the literature which Philadelphia had to offer, the physicians of Baltimore ought to have created a literature of their own. This attempt at independence ought to be energetically supported by Maryland physicians."

And the Louisville *Medical News* says of it:

"Its first numbers make a good appearance, and contain very readable papers. It is somewhat strange that Baltimore should have been so much behind-hand in journalistic enterprise. We hope her present venture will be successful."

It has long been alike a matter of surprise and regret, to many members of the profession in this city and state, that enterprises of this character, in Baltimore, have not been been better received and more liberally encouraged. Publications of this class cannot and should not be strictly local, yet it is not unreasonable to expect that they should be accorded such a welcome at home as will ensure a favorable reception abroad.

The causes of failure of medical publications in Baltimore have been many and various and we do not now purpose adverting to or discussing them, but knowing and appreciating them we shall endeavor to steer our craft clear of the rocks upon which others have been stranded. The JOURNAL, being independent in every respect, and the organ of the entire profession, in its broadest and most comprehensive

sense, will always be conducted in a manner calculated to win the approval and support of enlightened and intelligent physicians in every clime.

Our success, so far, has exceeded our most sanguine expectations, and we have every assurance that the writing, reading and thinking men in the profession, in this city, and elsewhere in the United States, will continue to lend us such aid as will combine, with the untiring, persistent work that we shall always devote to our enterprise, to make the JOURNAL an honor to the profession and a credit to, and one of the permanent institutions of Baltimore.

In this connection we desire to tender our thanks to our brother journalists for their fraternal welcome, and to those physicians who have, with pen and purse, so generously contributed to the successful initiation of our enterprise and to express the hope that the pleasant relations so auspiciously inaugurated, by their aid, may long continue.

DOCTORS AND THEIR PATIENTS.—A practice obtains, to some extent, among those who, from choice or necessity, engage the services of physicians of getting their services and then transferring their patronage without ever so much as a "thank you." The following from the *Students' Journal*, suggests consideration and some action to meet the demands of such cases:

"How it is that doctors are not paid is a matter of serious consideration for everyone in, or about to enter, the profession. Even when they are paid they have to wait, very frequently, for their money until every other creditor is fully satisfied. Perhaps, in theory, the best way would be for patients to pay their medical man at the time of consultation or at the end of the illness, or, if the illness be of long duration, at stated intervals, for patients have, unfortunately, a bad habit of not remembering the agony they suffered, and how they were relieved by the "doctor," when the bill is due.

> "God and the doctor we alike adore
> When on the brink of danger, not before;
> The danger past, both are alike requited,
> God is forgot and the doctor slighted.'

Then, again, how is it that, although everything around has risen in price, yet the fees of medical men are not a farthing more than they were fifty years ago? We pause for a reply."

HEMOSTATIC PROCESS OF NATURE.—It is a fact, well known to all

surgeons, that the bleeding from arteries severed by being crushed or torn is inconsiderable as compared with that when the vessels are smoothly divided, as with a sharp instrument. Many years ago Prof. N. R. Smith, of this city, bought an old horse, laid bare the carotid artery, passed a boot hook under it, and by a vigorous pull broke the artery; the horse bled until he fainted and fell. When fainting took place, the blood as usual ceased to flow. After a while the horse arose, ate grass, and seemed in a fair way to recover. In a few days Prof. Smith killed the horse, took out a portion of the artery and examined it; he found innumerable cracks in the internal coat of the artery, each crack served as a place of attachment for the coagulated blood, which completely filled several inches of the artery. Had the horse lived, this coagulum would have become organized, and have completely sealed up the end of the artery. The same result takes place in the umbilical arteries of the lower animals when broken by violence, and nature seems to provide that the proper place for the cord to break shall usually be the weakest.

The Journal.—It is with pardonable pride that we direct attention to the superior style in which the *Maryland Medical Journal* is gotten up, both as to the quality, quantity and arrangement of matter and to the typographic excellence which have called forth such warm praise from our contemporaries throughout the country. The following notice of the June number, from the *Baltimorean*, is a sample of the many flattering notices it has received from the press here and elsewhere:

"The second or June number of the *Maryland Medical Journal*, edited and published in this city by Drs. H. E. T. Manning and T. A. Ashby, has been received. Its contents are readable even to a non-professional man, and must be especially so to those whose daily life brings them in contact with the subjects upon which the contributors treat. Such a magazine it seems to us is needed in Maryland, where so many gentlemen eminent in medicine reside, and we do not entertain a doubt of its success. Drs. Manning and Ashby are comparatively young men, but, both by education and experience, are fully qualified for the work they have undertaken, and we wish them much success. The publication is a model of typographical neatness, and reflects credit upon the establishment of Mr. J. H. Foster, noted for its excellent printing.

Medical Education.—The medical department of the University

of Pennsylvania has adopted a three years' graded course of study, similar to that in Harvard Medical College, with an examination at the end of each year. The salaries of the professors are fixed, and will be paid by the trustees, so that they are no longer dependent on the number of students in attendance. The University of Michigan has decided to lengthen its term to nine months, and there is also to be a gradation of studies extending over a three years' course. It is probable that other schools will adopt similar plans of instruction.

The Repetition of Prescriptions containing drastics, emetics, diuretics, emmenagogues, opiates, or other powerful agents is prohibited by a law recently passed in Germany. These can only be refilled at the express directions of the physician who first prescribed them.

Aside from the dangers of abuse and misapplication attending the repetition of prescriptions dangerous, in themselves, if misused, it would be better for both the practitioner and druggist if no prescriptions were allowed to be duplicated except by authority of the physician from whom they were obtained.

Medical Directory.—Dr. Grover, Secretary of the Board of Examiners of California, is about to publish a complete directory of the physicians licensed by the Board, designating the sources of the diplomas and credentials in every case and the dates when obtained, and also indicating those who have been licensed on examination. It will be a valuable record for reference in all future time. In a few other States medical directories have been published, but we believe that in no other instance is there any complete official record of licensed practitioners. The directory will be valuable also in other States of the Union, as furnishing the means of communication with the regular profession in California.

Transfer of College Property.—The Faculty of the College of Physicians and Surgeons, of this city, has bought the college property, good will, name etc., of the Washington University School of Medicine, on Calvert street, and will deliver the next course of lectures in that institution. The Maternitè, on Lombard street, under the auspices of the College of Physicians and Surgeons, will, we learn, be continued.

BRIEFS.

REMEDIES FOR SLEEPLESSNESS.

1. Opium is indicated when sleeplessness is caused by pain; when irritation of the vascular system is present, antimony and aconite are to be combined with it.

2. Hyoscyamus is of service when sleeplessness depends on disease of the kidney.

3. Chloral hydrate is inefficacious in sleeplessness dependent on pain, though it is a hypnotic *par excellence* in the sleeplessness of fever, particularly in children. This remedy is injurious in ill humor, brain enthusiasm, and in the sleeplessness of melancholy.

4. Bromide of potassium acts as a sedative either on the brain cells or the vessels of the brain; it is indicated in those cases where peripheral irritations are present, and is very beneficial in the sleeplessness which is the result of maladies of the pelvic organs.

5 Alcohol is a powerful hypnotic in those cases in which sleeplessness comes from sorrow, ill humor, and mental disturbances.—*J. Milner Fothergill.*

ETHER AND AMMONIA SUBCUTANEOUSLY.—M. Verneuil injects ether as a powerful stimulant. In a case on which an operation had caused much hemorrhage, and when the next morning the temperature had fallen to 92.3, in spite of brandy and other stimulants, ten drops of sulphuric ether were injected and repeated in half an hour. From this time there was a rally. M. Verneuil thinks ether or ammonia subcutaneously far preferable to transfusion, which latter operation he regards as dangerous notwithstanding its recent vogue. He would recommend this plan even in *post-partum* hemorrhage.—*The Doctor.*

EXTRACTION OF FOREIGN BODIES FROM THE ŒSOPHAGUS IN CHILDREN.—In allusion to a case in which there had been some difficulty in extracting a coin swallowed by a child, Dr. Thouvenin states that in such cases he adopts a very simple measure with great success.

It consists in laying the child flat on his belly on a table, with his head, supported by an assistant, projecting beyond it. The finger is then introduced into the mouth in order to depress the tongue, and the coin slides out along the finger of the operator.—*Ranking's Abstract, Medical Times and Gazette*, April 14th, 1877.

Open Dressing of Wounds.—In a recent lecture at the Westminster Hospital, Mr. Davy enumerated his excisions and amputations of the past two years—thirty-three in all, including two excisions of the hip, one amputation of the thigh, five Syme's, and two Chopart's—and all treated by the open method, with not a single death. He states that the results of open treatment are equally as good with the antiseptic system, and he intends to employ it until proofs are brought that there is any better method.—*British Medical Journal.*

The Missouri State Medical Association, held its eleventh annual meeting in Kansas City, April 17th. Dr. F. M. Johnston, of Platte City, was elected president for the ensuing year, and Drs. A. J. Steele and E. W. Schauffler recording secretaries. The next meeting will be held at Sweet Springs, Saline County, on the first Tuesday in June, 1878.

The Nebraska State Medical Society, met in Omaha, June 5th. The following officers were elected: President, L. J. Abbott, M. D., Fremont; secretary, R. R. Livingston, M. D. This society countenances the advertising of specialties in violation of the Code of Ethics.

The Rhode Island Medical Society, held its sixty-sixth annual meeting June 11th. The following officers were elected for the ensuing year: President, Chas. M. Fisher, M. D., North Scituate; secretary, E. M. Harris, M. D., Providence.

The Arkansas State Medical Society, met at Hot Springs, May 1st. The following officers were elected: President, A. A. Carrigan, M. D., Hempstead County; secretary, R. J. Jennings, M. D., Little Rock.

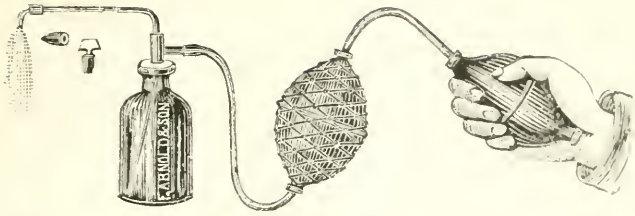
The West Virginia Medical Society, met at Clarksburg, May 30th. The following officers were elected: President, J. W. McSherry, M. D., Martinsburg; secretary, M. F. Hullihen, M. D. Weston, was selected as the next place of meeting.

The Virginia State Medical Society, meets in Petersburg, in March next. Already arrangements for the reception and entertainment of delegates have been made by the Medical Faculty of Petersburg.

The Medical Society of New York, held its annual meeting in Albany, on the 19th. ultimo.

NEW BOOKS.

"The Question of Rest for Women during Menstruation," by Mary Putnam Jacobi, M. D., of New York; parts I and II of "Atlas of Skin Diseases," by Louis A. Duhring, M. D., of Philadelphia, and "The Transactions of the 79th Annual Session of the Medico-Chirurgical Society of Maryland," have been received, with several others, and will be noticed, at length, in a future number. Dr. Duhring's "Atlas of Skin Diseases," is for sale by the Baltimore News Company, and Dr. Jacobi's book is for sale by Messrs Cushing & Bailey.



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In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hagar, that has been so generally received by the profession, I find it to substantially agree with that article.

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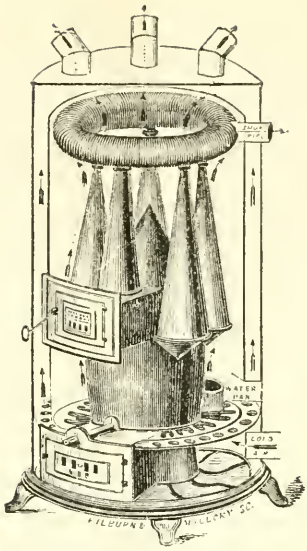

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QUINIA	"	"	"	993
CINCHONIDIA	"	"	"	990
CINCHONIA	"	"	"	977

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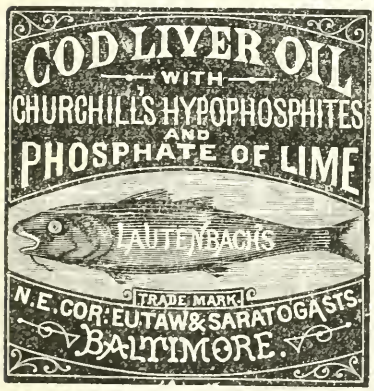

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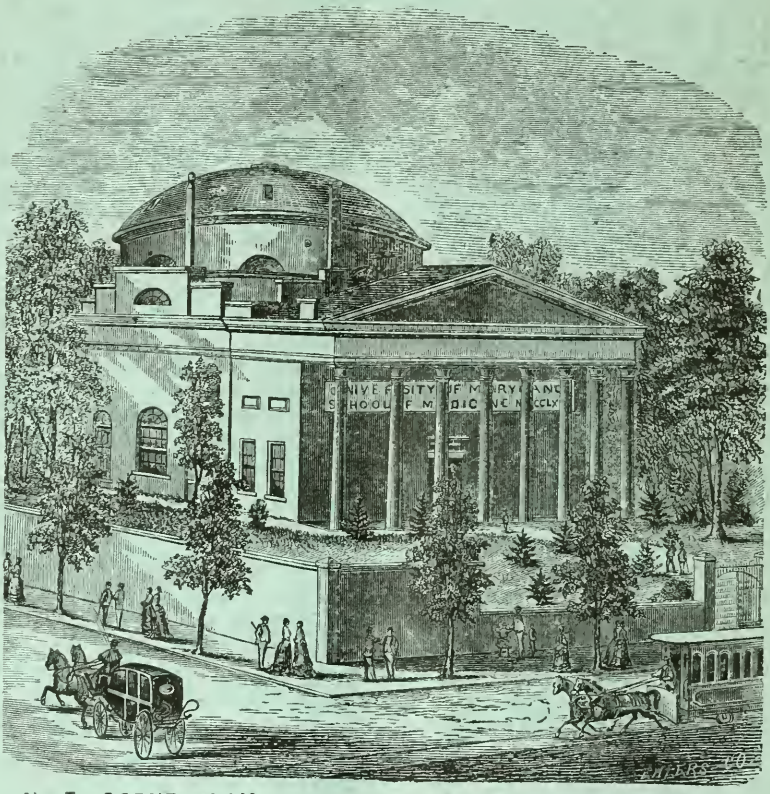

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